



**Alexandria United Methodist Church
2017-2018
Sunday School Registration**

CHILD'S NAME: _____
(One child per registration form)

Address: _____


Birthdate: _____ **Age:** _____ **Grade Entering Fall 2017:** (Circle one)
Preschool K 1st 2nd 3rd 4th 5th

ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION:

Parent(s)/Guardian(s) Name: _____

Preferred Phone: _____ **Email:** (You may list as many as you like)

Emergency Contact (If parent/guardian cannot be reached):

 **Name:** _____
Phone: _____ **Relationship to Child:** _____

Media Release: by checking this box you are allowing Alexandria UMC to use photos/videos of the child listed above in all forms of media (website, Facebook, newsletter, slide show, etc.).

PARENTS:

The success of our Sunday school program depends on the help of many people! Please mark below if you would like to teach or help in a Sunday school class.

Preschool, Kindergarten, 1st & 2nd Grade _____ 3rd, 4th & 5th Grades _____